

PŘEHLEDY A ODBORNÁ SDĚLENÍ

Cardioprotective effect of 2',3,4'-trihydroxychalcone in preclinical experiment

BARTOŠÍKOVÁ L.¹, NEČAS J.¹, BARTOŠÍK T.², PAVLÍK M.², PERLÍK V.¹

¹Palacký University in Olomouc, Faculty of Medicine, Department of Physiology, Czech Republic

²St Anne's Faculty Hospital Brno, Clinic of Anesthesiology and Resuscitation, Czech Republic

Received 9 Juny 2009 / Accepted 8 July 2009

SUMMARY

Cardioprotective effect of 2',3,4'-trihydroxychalcone in preclinical experiment

2',3,4'-trihydroxychalcone is a newly synthesized substance with antioxidant properties. The aim of this pilot study was to monitor its effect during heart perfusion in the laboratory rat.

The study included two groups of animals of the same number ($n = 10$). The 1st group was pretreated with chalcone in a dose of 10 mg/kg p.o. during 15 days. The 2nd group was a placebo one. After i.p. administration of a heparin injection of 500 IU dose, the hearts were excised and perfused (a modified Langendorf's method). Working schedule: stabilization/ischaemia/reperfusion proceed at intervals of 20/30/60 min. Monitored parameters in the isolated heart: left ventricle pressure (LVP), end-diastolic pressure (LVEDP), contractility ($+dP/dt_{max}$). The treated hearts showed improved postischemic recovery, reaching LVP values of $101 \pm 4\%$ at the end of reperfusion, the placebo ones only $42 \pm 6\%$. In the placebo hearts LVEDP increased from 10.0 ± 0.5 mm Hg to 32 ± 5 mm Hg after, in treated animals only about 10.5 ± 2 mm Hg. The treated hearts improved $+dP/dt_{max}$ recovery during reperfusion to $92 \pm 7\%$. These values were significantly greater than those obtained from the placebo hearts. We conclude that the administration of 2',3,4'-trihydroxychalcone in laboratory rats has a cardioprotective potential against ischemia-reperfusion induced injury.

Key words: ischemia/reperfusion of heart – 2',3,4'-trihydroxychalcone – laboratory rat

Čes. a slov. Farm., 2009; 58, 150–154

SOUHRN

Kardioprotektivní efekt 2',3,4'-trihydroxychalkonu v preklinickém experimentu

2',3,4'-trihydroxychalcon je nově syntetizovaná substance s prokázaným antioxidačním efektem. Cílem pilotní studie bylo sledovat jeho efekt za stavu ischémie/reperfúze srdce laboratorního potkana. Do studie byly zařazeny dvě skupiny zvířat ($n = 10$). První byl podáván chalcon v dávce 10 mg/kg p.o. po dobu 15 dnů. Druhá skupina byla placebo. Po i.p. podání heparinu (500 IU) byla odebrána srdce pro následnou perfúzi, metoda dle Langendorffa. Pracovní režim: stabilizace – ischémie – reperfúze: 20 – 30 – 60 minut. Sledované biomechanické parametry izolovaného srdce: systolický tlak v levé komoře (LVP), end-diastolický tlak v levé komoře (LVEDP) a kontraktilita ($+dP/dt_{max}$). Srdce zvířat premedikovaná chalkonem vykazovala návrat LVP na hodnoty $101 \pm 4\%$ v porovnání s hodnotou výchozí, srdce ze skupiny placebo jen $42 \pm 6\%$ hodnot výchozích. U srdcí z placebo skupiny nastalo zvýšení LVEDP z původních $10,0 \pm 0,5$ mm Hg na 32 ± 5 mm Hg po 60 minutách reperfúze. Toto zvýšení nebylo pozorováno u zvířat premedikovaných chalkonem. Předlčení chalkonem vedlo k návratu kontraktility ($+dP/dt_{max}$) na hodnotu $92 \pm 7\%$ původního

Address for correspondence:

MUDr. PharmDr. Lenka Bartošiková, Ph.D.

Palacký University in Olomouc, Faculty of Medicine, Department of Physiology, Czech Republic

Hněvotínská 3, 775 15 Olomouc

e-mail: bartosil@tunw.upol.cz

stavu, což je signifikantně vyšší než u placebo skupiny. 2',3,4'-trihydroxychalkon má kardioprotektivní potenciál u ischemicko/reperfuzního poškození.

Klíčová slova: ischemie/reperfuze srdce – 2',3,4'-trihydroxychalkon – laboratorní potkan

Čes. a slov. Farm., 2009; 58, 150–154

Má

Introduction

Myocardial infarction is one of the major causes of death in many countries. Although restoration of blood flow is the only way to save the myocardium from necrosis, reperfusion-induced injuries with the help of thrombolytic therapy are at the background of a high mortality rate ¹⁾. Extensive studies show that myocardial ischemia/reperfusion injury is associated with increased generation of reactive oxygen species (ROS). These

inhibition could be related to the recovery of postischemic function ¹⁶⁾.

A large number of natural flavonoids with biological activity have been indentified in recent decades. One group of these products, the polyhydroxylated chalcones, exhibit antimicrobial ¹⁷⁾, antiviral ¹⁸⁾, antitumoral ¹⁹⁾ and anti-inflammatory activities ²⁰⁾, and applications of therapeutic effects have been reported.

2',3,4'-trihydroxychalcone (C) was prepared by condensation of 2,4-dihydroxyacetophenone (A) (Fig. 1)

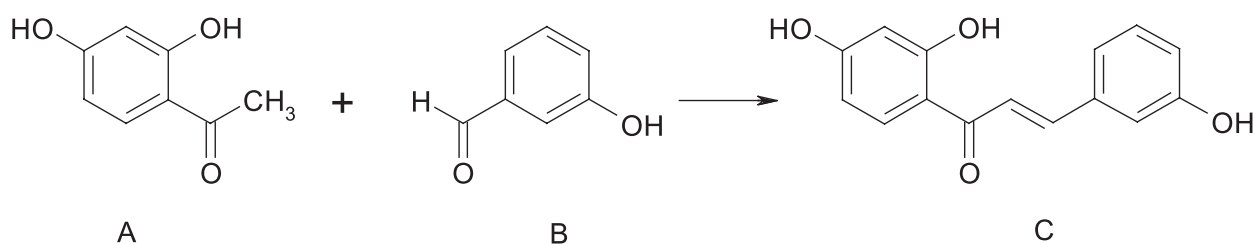


Fig. 1. Synthesis of 2',3,4'-trihydroxychalcone

oxygen free radicals may result from depressions in contractile function, arrhythmias, depletion of endogenous antioxidant network, and membrane permeability changes ²⁾. The role of oxygen free radicals in the pathophysiology of ischemia/reperfusion injury is supported by an increased formation of lipid peroxides and other toxic products following such as injury ³⁾. The interaction of ROS with cell membrane lipids and essential proteins contributes to myocardial cell damage, leading to inflammatory reactions, and irreversible tissue injury ⁴⁾.

In the search of the mechanisms of ischemia/reperfusion-induced pathways that may be amenable to manipulation, a number of potential candidates have been identified and have been subjected to many investigations. It is highly probable that a number of interaction mechanisms combine to determine the damage caused by ischemia/reperfusion in the myocardium, and a variety of such triggers have been postulated, including ionic disturbances and ion channels ⁵⁾, fatty acid metabolism ⁶⁾, α - and β -adrenergic receptors ⁷⁾, various gene expression ⁸⁾, platelet-activating factor ⁹⁾, endothelin ¹⁰⁾, nitric oxide ¹¹⁾, heme oxygenase-1 and carbon monoxide ^{12,13)}, and free radicals ^{14,15)}. It has been also shown that ischemia and reperfusion of the myocardium result in an activation of various pathways including caspase cascade, and it is hypothesized that a degree of caspase

and 3-hydroxybenzaldehyde (B) ²¹⁾. *In vitro* studies confirmed the scavenging potential of 2',3,4'-trihydroxychalcone in comparison with butylhydroxy-toluene.

The aim of the study was to monitor the effects of the tested substance during heart perfusion of the laboratory rat.

The study and its experimental protocol were approved and monitored by the Ethics Committee of the University. The state of health of all animals was inspected regularly several times a day both during the acclimation of the animals and in the course of the whole experiment performed by the work group whose members are holders of the Eligibility Certificate issued by the Central Commission for Animal Protection pursuant to Section 17 of the Czech National Council Act No 246/1992 Coll. on animal protection against maltreatment.

EXPERIMENTAL PART

Methods

This study was performed on 20 male Wistar SPF (AnLab, Germany) laboratory rats of the same age (6 months) and comparable weight (345 ± 15 gr). The

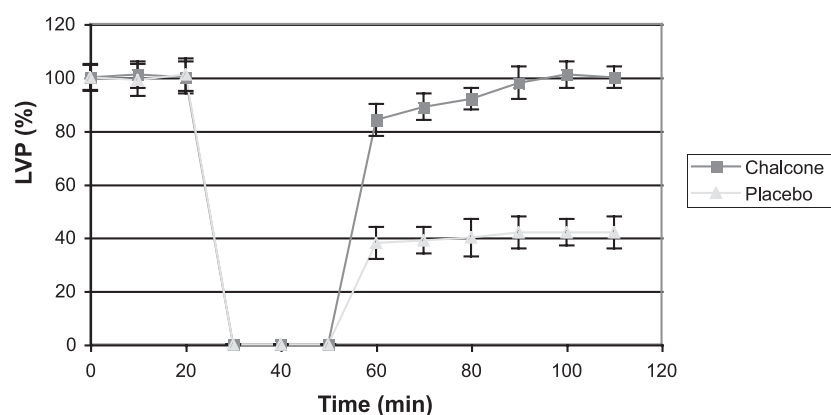


Fig. 2. Left ventricle pressure

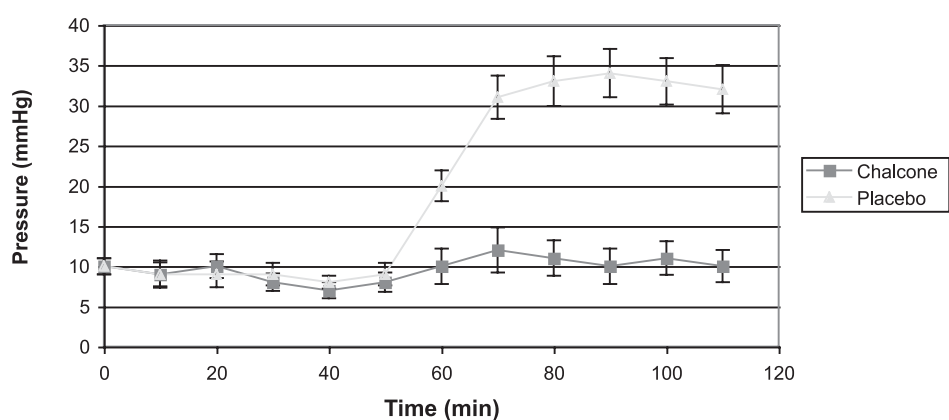


Fig. 3. End-diastolic pressure

animals were housed in a standard controlled temperature, fed the standard diet for small laboratory animals, and given water *ad libitum*. After a recovery period, the animals were divided randomly into 2 groups (n = 10).

The first group – the treated group – received chalcone in a dose 10 mg/kg solved in 2 ml of 0.5% Avicel solution orally by an intragastric tube. The second group – the placebo group – received only 0.5% Avicel in the same quantity (2 ml) and by the same application method as in the treated group.

At the end of the treatment period (15 days), the rats were anesthetized with an i.p. injection of an anaesthetical mixture (2% Rometar 0.5 ml + 1% Narkamon 10 ml, dose 0.5 ml solution/100 g body weight). After the i.p. heparin injection of 500 IU dose, the hearts were excised and perfused. In all experiments, a modified Langendorff method and a universal apparatus Hugo Sachs Electronic UP 100 (Germany HSE) were used. Schedule: stabilization/ischemia/reperfusion proceeded at intervals of 20/30/60 min. Biomechanical parameters from the isolated heart: left ventricle pressure (LVP), end-diastolic pressure (LVEDP) and contractility (dP/dt_{max}) were measured using a ball filled with liquid (8–12 mm Hg), inserted through the left atrium into the left ventricle connected to an analog convertor (Isotec HSE, DIF modul HSE)²².

RESULTS

In the hearts from the placebo animals, LVP recovered up to $42 \pm 6\%$ of the pre-ischemic values at the end of reperfusion. In the chalcone-pretreated animals, the hearts showed a significantly better postischemic recovery, reaching LVP values of $101 \pm 4\%$ at the end of the reperfusion (Fig. 2).

In the hearts from the placebo animals, LVEDP increased from 10.0 ± 0.5 to 32 ± 5 mm Hg after 60 min of reperfusion. This increase was diminished in the hearts from the chalcone-pretreated animals at the end of reperfusion (Fig. 3).

The pretreatment with chalcone improved $+dP/dt_{max}$ recovery during reperfusion to $92 \pm 7\%$ after 60 min of reperfusion. These values were significantly greater than those obtained from the placebo hearts ($68 \pm 5\%$) (Fig. 4).

DISCUSSION

The ischemia/reperfusion complex is a multidimensional process leading to the generation of

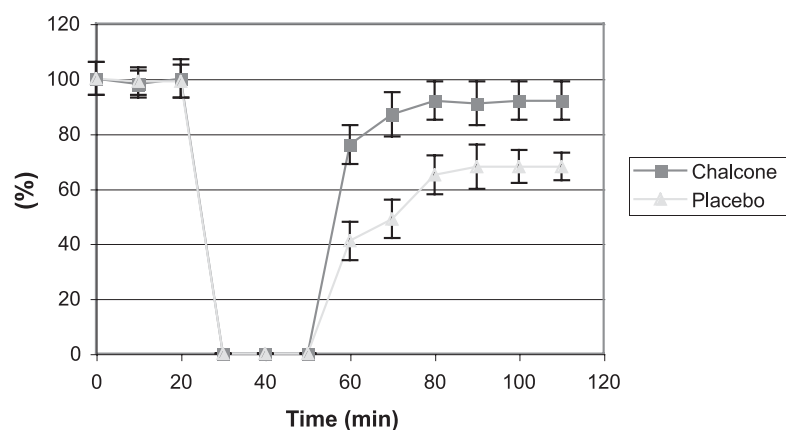


Fig. 4. Contractility

reactive oxygen species and oxidative stress, which results in severe tissue damage. Under normal conditions, ROS, which are generated during cellular functions, are eliminated by the intrinsic antioxidant enzyme systems such as superoxide dismutase, glutathione peroxidase and catalase²³. Especially during the early stages of reperfusion, tissue concentrations of ROS increase partly due to the increased production and partly due to the insufficient levels of the antioxidant systems²⁴. In the myocardial tissue, with the initiation of such process, increasing amounts of ROS result in ischemia/reperfusion damage and finally lead to myocardial injury²⁵. Reactive oxygen species scavenging agents and antioxidant molecules have the capacity to partially reduce or eliminate deleterious effects induced by ischemia/reperfusion injury²³.

Flavonoids are polyphenolic compounds which constitute one of the most numerous and ubiquitous groups of plant metabolites and are an integral part of both human and animal diets. Recent interest has increased greatly owing to their antioxidant capacity with free radical scavenging properties attributed to the catechol or pyrogallol group. The redox properties of polyphenols allow them to act as enzyme inhibitors^{23,26}, reducing agents, hydrogen donating antioxidants and in some cases they also chelate transition metal ions²⁶. These properties play an important role in reducing the risk of free radical-related oxidative damage associated with degenerative disease such as in the treatment and prevention of cancer and cardiovascular disease^{25,27}. However, the compounds with the catechol moiety present a potent antioxidant activity in particular conditions. Therefore, research interest in this field has also been focused on the synthesis of modified flavonoids. One of them is 2',3,4'-trihydroxychalcone. The antioxidant properties of this substance were tested *in vivo* during the conditions of alloxan-induced diabetes mellitus in a pre-clinical experiment²¹.

In our study, ischemia/reperfusion-induced cardiac dysfunction was evaluated by the measurement of left ventricle pressure (LVP), end-diastolic pressure (LVEDP) and contractility (dP/dt_{max}). These indices of myocardial dysfunction have been used in several studies in the

isolated heart model of global ischemia/reperfusion²⁸⁻³¹. The isolated rat, rabbit or guinea pig heart models provide an inexpensive and reproducible method to evaluate cardiac function and myocardial metabolic alterations during ischemia/reperfusion. In the isolated beating heart, cardiac function can be assessed independent of the influence of circulating blood cells and hormones, which may be considered an important advantage of this model.

Left ventricular end-diastolic pressure is determined by volume and pressure load conditions, systolic performance of the heart, and diastolic pressure-volume relationships. Left ventricular end-diastolic pressure increases during angina in some patients with coronary artery disease. The mechanism of this increase, whether a decrease in left ventricular contractility or an alteration in pressure-volume relationship, remains controversial³².

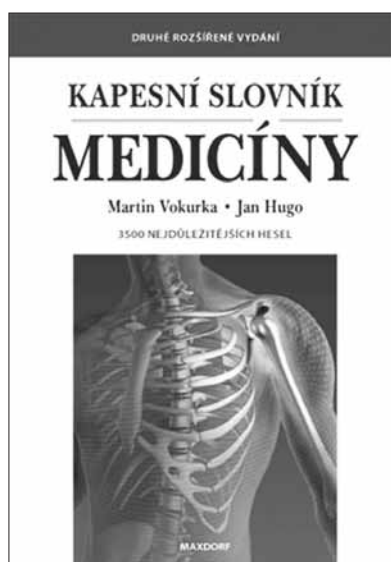
Under the conditions of global ischemia/reperfusion, a significant decrease in LVP and contractility and an increase in LVEDP were observed in animals without pretreatment with 2',3,4'-trihydroxychalcone.

From the results of our experiment it can be deduced that the administration of 2',3,4'-trihydroxychalcone in the laboratory rats has a cardioprotective potential against ischemia/reperfusion induced injury.

REFERENCES

1. Margit, P., Elizabeth, R., Gabor, M.: *Pharmacol. Res.*, 1996; 33, 327-336.
2. Lin, W. T., Yang, S.C., Chen, K. T., Huang, C. C., Lee, N. Y.: *Acta Pharmacol. Sin.*, 2005; 26, 992-999.
3. Wei, A. N., Jing, Y., Ying, A. O.: *Acta Pharmacol. Sin.*, 2006; 10, 1431-1437.
4. Kaminski, K. A., Bonda, T. A., Korecki, J., Musial, W. J.: *Int. J. Cardiol.*, 2002; 86, 41-59.
5. Bak, I., Lekli, I., Juhasz, B., Nagy, N., Varga, E., Varadi, J., Gesztelyi, R., Szabo, G., Szendrei, L., Bacskay, I., Vecsernyes, M., Antal, M., Fesus, L., Boucher, F., Leiris, J., Tosaki, A.: *Am. J. Physiol. Heart Circ. Physiol.*, 2006; 291, H1329-H1336.

6. Hasselbaink, D. M., Glatz, J. F., Luiken, J. J., Roemen, T. H., Van der Vusse, G. J.: *Biochem. J.*, 2003; 371, 753–760.
7. Tejero-Taldo, M. I., GURSOY, E., Zhao, T. C., Kukreja, R. C.: *J. Mol. Cell Cardiol.*, 2002; 34, 185–195.
8. Splawski, I., Timothy, K. W., Decher, N., Kumar, P., Sachse, F. B., Beggs, A. H., Sanguinetti, M. C., Keating, M. T.: *Proc. Natl. Acad. Sci. USA*, 2005; 102, 8089–8096.
9. Baker, K. E., Curtis, M. J.: *Br. J. Pharmacol.*, 2004; 142, 352–366.
10. Merkus, D., Houweling, B., van den Meiracker, A. H., Boomsma, F., Duncker, D. J.: *Am. J. Physiol. Heart Circ. Physiol.*, 2005; 288, H871–H880.
11. Fitzpatrick, C. M., Shi, Y., Hutchins, W. C., Su, J., Gross, G. J., Ostadal, B., Tweddell, J. S., Baker, J. E.: *Am. J. Physiol. Heart Circ. Physiol.*, 2005; 288, H62–H68.
12. Bak, I., Szendrei, L., Turoczy, T., Papp, G., Joo, F., Das, D. K., de Leris, J., Der, P., Juhasz, B., Varga, E., Bacskay, I., Kovacs, P., Tosaki, A.: *FASEB J.*, 2003; 17, 2133–2135.
13. Stein, A. B., Guo, Y., Tan, W., Wu, W. J., Zhu, X., Li, Q., Luo, C., Dawn, B., Johnson, T. R., Motterlini, R., Bolli, R.: *J. Mol. Cell. Cardiol.*, 2005; 38, 127–134.
14. Das, D. K.: *Antioxid. Redox Signal.*, 2001; 3, 23–37.
15. Gross, E. R., Peart, J. N., Hsu, A. K., Grover, G. J., Gross, G. J.: *J. Mol. Cell Cardiol.*, 2003; 35, 985–992.
16. Gustafsson, A. B., Gottlieb, R. A.: *J. Clin. Immunol.*, 2003; 23, 447–459.
17. Lorimer, S. D., Perry, N. B.: *Planta Med.*, 1994; 60, 386–387.
18. Mahmood, N., Piacente, S., Burke, A., Khan, A., Pizza, C.: *Antiviral Chem. Chemother.*, 1997; 8, 70–74.
19. Min, B., Ahn, B., Bae, K.: *Arch. Pharm.*, 1996; 19, 543–550.
20. Williams, C. A., Hoult, J. R. S., Harborne, J. B., Greeham, J., Eagler, J.: *Phytochemistry*, 1995; 38, 267–270.
21. Bartošiková, L., Nečas, J., Bartošik, T., Pavlík, M.: *Czech and Slovak Pharmacy*, 2008; 6, 249–253.
22. Kozlovski, V. I., Vdovichenko, V. P., Chlopicki, S., Malci, S. S., Praliyev, Z. D., Zcilikbayev, O. T.: *Pol. J. Pharmacol.*, 2004; 56, 767–774.
23. Ikizler, M., Erkasap, N., Dernek, S., Kurual, T., Kaygisiz, Z.: *Anadolu Kardiol. Derg.*, 2007; 7, 404–410.
24. Zweier, J. L.: *J. Biol. Chem.*, 1988; 263, 1353–1357.
25. Curin, J., Andriantsitohaina, R.: *Pharmacol. Reports*, 2005; 57 (Suppl.), 97–107.
26. Lebeau, J., Nevriere, R., Cotelle, N.: *Bioorg. Med. Chem. Letters*, 2001; 11, 23–27.
27. Alyane, M., Kebsa, L. B. W., Boussenane, H. N., Rouibah, H., Lahouel, M.: *Pak. J. Pharm. Sci.*, 2008; 21, 201–209.
28. Yang, B. C., Chen, L. Y., Saldeen, T. G. P., Mehta, J. L.: *Br. J. Pharmacol.*, 1997; 120, 305–311.
29. Yang, B. C., Virmani, R., Nichols, W. W., Mehta, J. L.: *Circ. Res.*, 1993; 72, 1181–1190.
30. Kokita, N., Hara, A., Abiko, Y., Arakawa, J., Hashizume, H., Namiki, A.: *Anesth. Analg.*, 1998; 86, 252–258.
31. Nečas, J., Bartošiková, L., Florian, T., Klusáková, J., Suchý, V., Naggar, E. M. B., Janoščíková, E., Bartošik, T., Lišková, M.: *Czech and Slovak Pharmacy*, 2006; 4, 168–174.
32. Palacios, I., Johnson, R. A., Newell, J. B., Powell W. J.: *Circulation*, 1976; 53, 428–436.



KAPESNÍ SLOVNÍK MEDICÍNY (2. VYDÁNÍ)

Martin Vokurka, Jan Hugo

Druhé rozšířené vydání kapesní verze lékařského slovníku obsahuje přibližně 3500 nejdůležitějších lékařských termínů. Kniha je zdrojem základních informací o zdraví a nemocech pro nejširší čtenářskou obec.

Vydalo nakladatelství Maxdorf v roce 2008, 192 str., cena 195 Kč, formát A6, brož., ISBN: 978-80-7345-163-9.

Objednávky můžete posílat na adresu: Nakladatelské a tiskové středisko ČLS JEP, Sokolská 31, 120 26 Praha 2, fax: 224 266 226, e-mail: nts@cls.cz. Na objednávce laskavě uveďte i jméno časopisu, v němž jste se o knize dozvěděli.